



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FOR ATTACH SITE IDENTIFICATION LABEL OR ENTER:	
GENERATOR'S NAME	
CONTACT PER	FRU CON CONSTRUCTION CORP.
SITE STREET	CONTACT: A. E. HEMENWAY 9250 RIVERVIEW DRIVE ST LOUIS CITY, MO 63137
CITY	EPA ID =MOD985809581 MO ID =016297
GENERATOR'S EPA I.D. NUMBER	
GENERATOR'S MISSOURI I.D. NUMBER	
NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.	

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR) ☒ 12-31- 95 (YEAR)

☐ 3-31- ____ (YEAR) ☐ 6-30- ____ (YEAR)

3. PAGE

1 OF 2

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☒ SAME AS LABEL

FRU-CON CONSTRUCTION CORP

5. GENERATOR CONTACT PERSON (NAME) ☒ SAME AS LABEL

A. E. HEMENWAY

TELEPHONE NUMBER

314-391-6700

6. MAILING ADDRESS

9250 RIVERVIEW DR.

CITY

ST. LOUIS

STATE

MO

ZIP CODE

63137

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

SAME

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

12.



R00146261

RCRA RECORDS CENTER

RECEIVED
FEB 27 1995
HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

KL TOBERMAN

SIGNATURE

KL Toberman

DATE

2-21-95